STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

# COUNTY REPORT OF COMPLIANCE

## Due within 30 days of receipt of decision

RANSMITTAL				COUNTY		DATE
NAME ADDRESS (if changed)	STATE HEARING #	ADOPT DATE	COMPLIANCE NOTIFICATION DATE	EFFECTIVE DATE	CODE(S) OR BRIEF STATEMENT	
I certify that the above complia	nce information is	true and co	rrect to the best of m	y knowledge.	1	
NAME					PHONE NUMBER	DATE

### **COMPLIANCE CODE OPTIONS**

- Use program code (letter) for each program in which a compliance action is required.
- Use one or more action codes (number) for each program code.

### PROGRAM CODES:

- A. AFDC
- B. FS
- C. Medi-Cal
- D. IHSS
- E. AFDC/FC
- F. OTHER: List Program

### **ACTION CODES:**

- 1. Action rescinded –Benefits determined & issued as eligible.
- Action rescinded Benefits not determined or issued due to lack of information. Admin Close.
- 3. Entitlement received as aid pending, (APP).
- 4. No eligibility for retroactive benefits found.
- 5. O/P or O/I reduced / cancelled as ordered.
- 6. Retro benefits reduced or not issued due to balancing against existing O/P, O/I.
- SOC changed as ordered.
- 8. County has offered assistance to the claimant in obtaining reimbursement for any Medi-Cal covered expenses incurred.
- 9. Delayed Compliance (Brief explanation) Wait for followup transmittal.
- 10. OTHER: (Brief explanation)